

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 01/13/2008		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 01/15/2008						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	11	1473	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8534	12	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	1506	1622	116
		8505	8	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404904	WESTERN HIGHLAN DS LME	21	9174	DUPLICATE OF CLAIM-SYSTEM				
		8505	2256	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	11513	23900	12387
		8800	38	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404910	PATHWAYS	8505	299	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	70	CLIENT NOT ELIGIBLE ON SERVICE DATE	6	500	3468	2968
		8800	58	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404912	CATAWBA COUNTYM ENTAL HEALT	8326	271	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8536	221	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	722	3095	2373
		8963	132	ATTENDING PROVIDER NPI IS NOT NUMERIC. PLEASE RESUBMIT WITH CORRECT NPI NUMBER.				
3404913	MECKLENBURG COM ENTAL HEALT	8505	2974	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	597	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	3801	3808	7
		8508	106	CLAIM DENIED NO BUDGET FOUND				
3404916	CROSSROADS BEHA VIORAL HEAL	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	10	10
3404917	CENTERPOINT HUM AN SERVICES	8505	327	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	149	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	642	4665	4023
		8800	121	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404919	GUILFORD CO MEN TAL HEAL/THC	8505	2821	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8508	795	CLAIM DENIED NO BUDGET FOUND	0	4231	4363	132
		8800	414	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404920	ALAMANCE CASHEL L AREA MH D	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404921	ORANGE PERSON C HATHAM AREA	8536	15	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8518	12	*CLAIM DENIED. SUBMITTED BEYO ND TIMELY FILING LIMIT IN EFFECT FOR THIS FISCAL YEAR	0	38	3341	3303
		8654	4	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE				
3404922	THE DURHAM CENT ER	8505	69	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	56	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	125	128	3
3404923	FIVE COUNTY MH	8505	1240	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8508	594	CLAIM DENIED NO BUDGET FOUND	0	2039	2134	95
		8800	155	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	9788	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8508	1601	CLAIM DENIED NO BUDGET FOUND	4	12901	13101	200
		8800	926	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404926	SOUTHEASTERN RE G MENTAL HL	8536	247	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8800	165	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	4	937	8862	7925
		23	163	SERVICE REQUIRES PRIOR APPROVA L				
3404927	CUMBERLAND CO M HC	8505	65	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	55	DUPLICATE OF CLAIM-SYSTEM	0	309	1845	1536
		8536	51	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404930	JOHNSTON COUNTY MNFL HLTHC	143	2	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
		0	0		0	2	6	4
3404931	WAKE CO HUM SVC BILLING OF	8505	60	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	4	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	64	87	23
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	610	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	65	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	724	4302	3578
		3413	16	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR APTER D				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404934	ONSLOW CARTERET BEHAV HEAL	8599	644	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	548	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	2403	4926	2523
		8518	476	*CLAIM DENIED. SUBMITTED BEYO ND TIMELY FILING LIMIT IN EFFECT FOR THIS FISCAL YEAR				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	8536	63	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	70	4113	4043
		79	2	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404939	EAST CAROLINA B EHAVIORAL H	8505	2763	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	274	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	3231	4554	1323
		8599	59	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404941	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404943	ALBEMARLE MENTA L HEALTH CE	11	275	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8534	48	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	447	2422	1975
		79	47	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404944	EASTPOINTE HUMA N SERVICES	8599	172	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8622	22	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	0	215	1649	1434
		8536	18	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404946	FOOTHILLS AREAM ENTAL HEALT	537	79	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
		79	44	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	126	2124	1998
		21	2	DUPLICATE OF CLAIM-SYSTEM				
3404949	PIEDMONT BEHAVI ORAL HEALTH	23	2	SERVICE REQUIRES PRIOR APPROVA L				

		0	0		0	2	2	0
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